

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Globe

or

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 201

County Registrar No. _____

Local Registrar No. 189

St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Adolfo Gonzales3. Sex of Child
MaleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? yes7. Date of birth July 25, 1925
Month day year

5. No., in order of birth _____

8. FATHER

Full name Rodolfo Gonzales9. Residence
(Usual place of abode)

If nonresident, give place and state

Copper Hill, Ariz.

10. Color or race

Mexican11. Age at last birthday 26 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry miner

14. MOTHER

Full maiden name Rosa Sandoval15. Residence
(Usual place of abode)

If nonresident, give place and state

Copper Hill, Ariz.

16. Color or race

Mexican17. Age at last birthday 17 (Years)

18. Birthplace (city or place)

(State or country)

Metcalfe
Arizona

19. Occupation

Nature of industry Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living one
(b) Born alive but now dead none
(c) Stillborn none21. Were precautions taken against oph-
thalmia neonatorum?yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:30 p.m. on the date above stated.
(Born alive or stillborn.)*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child
is one that neither breathes nor shows other
evidences of life after birth.Given name added from
a supplemental report

Month, day, year.

172-725-923

Registrar.

Signature

Address

T.C. Harper, M.D.
Globe, Ariz.Filed 7/30 1925

Filed _____ 19 _____

Local Registrar.

County Registrar.

WRITE IN INK WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

MARGIN RESERVED FOR BIRTH RECORD.